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The Board of Examiners of the Eclectic Medical Society of California will meet throughout the year regularly at 4 o'clock P. M., on the second Thursday of each month, at the office of Geo. G. Gere, M. D., Secretary, 120 Post Street, San Francisco.

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SCHUSSLER'S TISSUE REMEDIES.

BY JOHN FEARN, M. D.

It seems to me that no one can read Schussler's "Biochemic Method of Successfully Treating Disease," without coming to the conclusion that he is and must long have been a hard student and a very close observer. Schussler is no quack. But as an enthusiast he ranks very high. It is quite refreshing to note with what absolute certainty he speaks of diseased manifestations, and to note how certainly these manifestations must yield to the power of the inorganic cell salts, he so earnestly champions.

To say there is nothing in his theories but theory would in my opinion be a great mistake; on the other hand, to say there is all that he claims for these theories would be equally wide of the mark. If the Biochemic treatment of disease should ever turn out to be all that the doctor claims for it, then, indeed, the practice of medicine would be wonderfully simplified. Our materia medica would be wonderfully reduced, and truth compels us to

say that this would not be an unmitigated evil, for at present it is getting to be perplexingly voluminous.

The liquor men used to say, How are you going to find employment for the thousands of men engaged in the manufacture of intoxicants if everybody signs the pledge and keeps it? And just here we may be pardoned for asking, "What is going to become of the men who gather herbs and dig roots, who make medicines, fluid and solid, simple and compound, if the inorganic tissue salts are the only medicines the physician is going to use?" But to the quaking pharmacist we would say, Fear not; in spite of Dr. Schussler, there will still be an opportunity for the exhibition of your pharmaceutical skill and an opportunity to introduce other new remedies for the benefit of suffering humanity.

But to the point: Has this new treatment come to stay? As a system pure and simple, I do not believe it has. But that there are features in this new treatment that have come to stay, I am as sure as I possibly can be of anything which is yet in the future. I would strongly advise every progressive physician to procure the doctor's work, "New Treatment of Disease." I have for a long time had the work and am free to say I have been much profited by its perusal, and though in working out the propositions I do not always arrive at the same results the doctor does, yet I have seen such success with some of the remedies that I feel like making further trial and investigation. Dr. Schussler recommends for use the sixth centesimal trituration. In my experiments I have used the third decimal (3x trituration); in some cases I have succeeded, in others I have failed, and at this present writing my opinion is that it will not prove a success as a system; but as an adjunct to other therapeutical remedies a good knowledge of these so-called "tissue remedies" is very desirable.

MAGNESIUM PHOSPHATE he recommends for spasms of the glottis, tetanus, cramps in the legs, whooping-cough, etc. I have used this remedy in whooping-cough, and though I thought there was some advantage, yet the results were not brilliant. Drosera and other old remedies seemed to do better.

In a very obstinate case of singultus this same magnesium

phosphate worked like a charm. The patient was suffering with typhoid fever. The fever had subsided nicely and the patient seemed to be doing well when this unpleasant feature commenced; the hiccough was almost continual, and so violent in character that the patient was shaken till he was sore for three days. I tried all the remedies I could think of with no satisfaction. Finally I put him on magnesium phosphate. The result was remarkable: within an hour the difficulty was modified, and the next day when I called the patient was so much better that as I went into his room he said, "Doctor, why did you not give me that medicine before?" After the medicine was laid aside for a while the trouble partially returned, but it was not near so violent; it was a kind of sobbing, and this speedily yielded to the remedy.

POTASSIUM PHOSPHATE is another of these remedies to which I would call attention. Dr. Schussler puts it forward as a remedy found useful in concussion of the brain, symptoms of collapse, and shocks of paralysis. In a case covering the last two indications I tried this remedy. The patient had several seizures within a few days in which, with very great difficulty in the head, coming on without warning, he lost consciousness for a few seconds. He had no more seizures after the exhibition of this remedy. Here I would remark that though I am persuaded that this remedy benefited the patient, yet, as there was intercurrent treatment, I cannot say that it was all due to potassium phosphate. From another case of brain difficulty brought under my notice where this remedy was used I am inclined to think favorably of it.

SODIUM SULPHATE is another remedy to which I would call attention in gastric bilious conditions, vomiting of bile, watery, bilious diarrhoea, bitter taste in the mouth, etc. In a case where I was called in council this remedy was used with very good results. Sodium phosphate is used in conditions of acidity, vomiting of sour fluids, greenish diarrhoea, etc., though I would not dispense with aconite, ipecac, euphorbia hypericifolia, and syrupus rhei et potassium. Yet you may find a case where these long-tried remedies fail. In these cases give the tissue remedies a trial and you may, like myself, sometime be agreeably surprised. As regards

the manner of giving, I have added from five to ten grains to \mathfrak{z} iv of aqua destillata; shake well and let the dose be one teaspoonful every one-half to two hours according to circumstances.

HYPERTROPHY OF THE SPLEEN—ANOTHER TRIUMPH FOR UVEDALIA.

BY J. C. ANDREWS, M. D.

THE *modus operandi* of this remedy on the enlarged spleen, I will not attempt to explain, but that it does have a special affinity for this viscus, is, without doubt, from other causes than the effects of intermittent fever.

I have read of the action of "Bear's Foot" on the spleen for a number of years, but not residing in an intensely malarious district, it has never been my fortune to meet with a case of enlarged spleen, until recently, from a cause other than that of ague, as the patient avows she never had chills since she was a small child.

Mrs. M. came to consult me in regard to the condition of her daughter, aged nineteen years, single, whose appearance was not unlike that of a woman some seven or eight months advanced in pregnancy; but the character of the family, as well as that of the daughter, was above reproach. She had presented that condition for years, and had the sympathy of all right-minded people, but would provoke vulgar remarks from the low-minded. The mother gave me the history of the case, and suggested, as an opinion, that that much-abused organ—to which, as a last resort, they can ascribe all disease, with all the authority and religious zeal that ancient custom assures—the liver, was at fault. I interposed an objection, as her complexion would not warrant the assertion, as it was as clear as the most fastidious could desire. I at once informed the mother I could not venture an opinion until an examination of the case was had, which was consented to, and at the day appointed, the young lady, in company with her mother, was promptly on hand; with becoming modesty she reluctantly submitted to the examination, which was carefully conducted,

and I soon discovered the outlines of a tumor which filled the left hypochondrium, and reached below the umbilical region, when I unhesitatingly pronounced it an enlargement of spleen, and informed the mother it could, without difficulty, be cured, but would consume months of treatment, which was agreed to, and I prescribed the following:—

R Specific Uvedalia, Tr., ℥ss.
 Aqua Pura, ℥iijss.

M. Sig.—One teaspoonful four times daily, with the uvedalia ointment applied to the abdomen morning and evening, with brisk friction under heat, or toasted in with a hot iron.

These prescriptions were renewed from time to time, and directions persevered in with unflagging zeal, until now, near five months, the spleen is reduced almost to its normal size.

This mode of treatment would not come under the head of "Still Mixing Things," as Professor Howe calls it, but verifies that uvedalia is a SPECIFIC for enlargement of the spleen. The young lady and friends are very enthusiastic in their praises of the doctor that was skillful enough to remove an obstruction that was proving to be the bane of their life, as she could not enjoy the society of her associates, without being exposed to adverse criticisms, as well as unsympathizing remarks, and the subject of furtive glances. And it renders the honorable physician no less joy and satisfaction to be able to render assistance to those thus unfortunate, to enable them to enjoy life, to mingle among their friends and associates without being subject to the cold anathemas of the more fortunate in life. This, in part, remunerates us who labor for the good of our fellow-beings, and I am not certain but that it is the best pay we receive; at least, we appreciate it more, as we meet so many who, rather than give words of comfort and praise, descend to the lowest depths of perdition to find expressions of derision and ignominy for the honest labor that was rendered them, much less to pay their bills.

MALADIES AND THEIR REMEDIES.

BY DR. A. B. MARCONNAY, SAN FRANCISCO, CAL.

THERE appeared last year in Norway, a book written in the German language, and bearing the title, "Life, Its Foundation and Means of Propagation," by Julius Hensel, pharmaceutical and physiological chemist. This book is bound to revolutionize not alone a good many theories in natural philosophy and chemistry, but possesses at the same time an intrinsic value in organic chemistry. Mr. Hensel's studies throw more light upon the chemical composition of the human body and especially its proximate principles than the majority of scientific physiologies now extant.

In the beginning Hensel proves that the mineral tonics (so called by him because they produce the tonicity of the nerves and the blood) are just as indispensable for animal organizations, therefore for man, as they are for vegetables. An example of this is the composition of our blood, as we can prove in 1,000 parts of it, 8 parts of phosphates, sulphates, carbonates and chlorides of sodium, potassium, calcium, magnesium and iron. Although the exigence of these mineral tonics for fertilization comprises their necessity for all functions of life, and in consequence thereof a suitable nutrition forms the fundament of hygiene, it will be well to exemplify the necessity of various mineral tonics in their relation and purposes to the nutrition of the human body. This will be arrived at in the easiest way if we consider, for example, what will be the consequence if certain minerals, for example, salt and gypsum, are deficient in the blood.

In each 100 grammes of blood we find half a grain of sodium chloride (its entire quantity in the blood is estimated by Dr. Lankester at 110 grammes, or nearly a quarter of a pound avoirdupois). In consequence of this the coating of the blood-vessels becomes enabled to conduct the electric current, caused by the movement of the iron-holding blood. There is therefore a lack of salt in the blood, so there must consequently be a decrease of electricity, the fountain of our vital power, and the retroaction on

the organism does not fail to appear. So has, for example, the British Government in the East Indies been guided by men who did not understand the first principles of physiology, as they caused it to lay a duty on salt too great to be paid by the poor native population. Pest and cholera, which come from there, are the consequences.

Unfortunately, we meet among a good many people the prejudice that salt brings on an acrid state of the blood, and this causes mothers to tell their daughters to use it but sparingly. So it comes that the young ladies of society go along with pale cheeks, while Bridget, who puts a good portion of salt on her bread and butter, has red cheeks and a strong and healthy muscular system. Yet to have red cheeks looks so common, thinks the young lady!

The ten to twenty grammes of salt which we daily excrete must be replaced else we will find troubles which nobody used to trace back to the lack of it. Asthma, for example, has been traced back to a lack of sodium chloride in the general system and has been successfully cured in four weeks by the simple treatment of letting the patient drink a specified number of glasses of salt water of specified strength. It is interesting to notice how two different authors, Mr. Hensel, in Christiania, Norway, and Dr. Schussler, in Oldenburg, Germany, come to nearly the same results through different modes of investigation.

Salt at the same time possesses the power of giving a greater solubility to minerals which else are only difficultly soluble, especially to gypsum. This is a mineral tonic of the first class, because of its ability of binding on each side six molecules of ammonia bicarbonates (leucin), and we receive, therefore, in each act of chemical disintegration a sixfold amount of available energy. If we possess now a great amount of disintegrable material we must consequently possess its six times greater amount of available energy, and this we find in gypsum, and this is contained in flour in the shape of gluten, which becomes soluble by the salt which we add to the flour for giving taste to our bread.

Salt and gypsum aid and assist each other in their electric chain. They possess at the same time a marked influence on

prolificness. Nevertheless this can only be arrived at if there is enough electric irritation and this is dependent upon the sufficient presence of iron in the blood, causing and producing electric irritation by the movement of its magnetic molecules. By this we see that we have always to consider all the different co-operating factors.

If salt, gypsum, and iron are present, much has been gained to keep alive the vitality, which is synonymous to prolificness. All that remains (necessary) to be done is to maintain the right proportions among them, and for this we find the correct rate partly by the constituents of the incombustible residue of various parts of the human body, partly by the human excrements. We find particularly that in the human body the ratio of the sulphates to the phosphates is as 1:20. Small as seems to be, therefore, the amount of the sulphates, they are, nevertheless, indispensable to gain a certain aim. As for gypsum (calcium sulphate), it is the base of the protein of many plants. Even the potato contains a small amount of it. For this reason the Irishmen remain, by their diet of potatoes and herring, a prolific race, while the Kanakas on their lava soil, which contains no sulphates, have only a diet of fruits and are bound to die out, suffering at the same time from leprosy and different other maladies of the skin.

We have only about four grammes of iron in our blood, but as the circulation keeps this small amount in constant movement, so that a blood corpuscle which leaves the heart returns to it after two minutes, this amount is perfectly sufficient to create all the electricity necessary for our blood-vessels and nerves. As we excrete daily four centigrammes of iron by the kidneys it is evident that in one hundred days the magnetic fountain of our nervous electricity can dry up if we do not supply the necessary iron to the patient on his sick-bed, and quicker yet if we render its action unavailable by the use of morphine. This the author promises to prove in his second volume.

Sodium chloride and ammonium bicarbonate exchange their acids under certain conditions and form sodium bicarbonate and ammonium chloride. In the same way ammonium bicarbonate and sodium sulphate are changed into ammonium sulphate and sodium bicarbonate.

By this same reaction salt and glauber salt, salt and copperas, change their ingredients under different conditions and different degrees of temperature. Upon these changes of mineral constituents are greatly based as well the physiological as the pathological process in life. Let us only think in these cases of gout and of leprosy. In these cases we will always find a mal-proportion between the different mineral constituents of the blood. Especially the phosphates and sulphates have to be considered as mineral tonics of the first class, upon whose harmonious combination, a great deal, depends the normal condition of the body. While we find in the substance of the nerves an oil containing ammonia is combined with phosphoric acid, we find in the bile sulphuric acid combined with taurin.

Sulphuric acid has the power to eliminate the phosphoric acid out of its salts. For this reason the nervous substance which contains no sulphur separates itself from the albumen of the blood, which contains it, and in the same there is a continuous production of phosphoric oil from the glandular system to supply the external tubular sheet of the nerves. When these sulphates are lacking the body will get sick. There will be no tension of the lymphatic system and its content will degenerate into sores and ulcers. This is the pathology of leprosy. As the hartshorn contains ammonia sulphates, it explains the therapeutic value of the salts of hartshorn for all diseases of the lymphatics and at the same time for so many nervous diseases which arise from the lack of ammonium sulphates in the lymphatics, disabling them to reproduce the material for both the blood and the nerves.

All explanations of physiological processes are simplified by this knowledge of the tonic power inherent in the mineral substances. As true physicians we must always try to condense therapeutics to the combined use of water, warmth, air and light, with proper alimentation and exercise of the body.

As soon as the second volume of Mr. Hensel's work will appear in print, the writer of these lines will not fail to call to it the attention of the readers of the JOURNAL.

APOPLEXY.

A THESIS, BY FLORA M. POTTS, M. D.

THE term is derived from a Greek word meaning, "to strike with violence," and signifies a stroke or shock, although the terms "stroke or shock" are often tautologically added. Apoplexy is employed by many writers of the present day, to signify any effusion of blood which occurs suddenly into the substance of an organ or tissue, hence we speak of cerebral apoplexy, pulmonary apoplexy, etc., while it was formerly used in a restricted sense to signify cerebral apoplexy—it is applied to the sudden abolition of consciousness, or coma, dependent on different pathological conditions.

The prognosis and gravity of the disease is dependent upon the pathological conditions. In fatal cases the most frequent pathological condition is hemorrhage within the cranium.

Some writers employ the term apoplexy to denote extravasations in different organs, as apoplexy of the liver, kidneys, etc.; but the term is usually restricted to an encephalic affection, with one exception, namely, pulmonary apoplexy.

Hemorrhage within the cranium, as elsewhere, involves laceration of the coats of the vessels. The hemorrhage may take place in different situations or within the cranium. It may take place into the substance of the brain and between the meningeal membranes, and may be distinguished as cerebral when it occurs in the substance of the brain, and as meningeal when occurring in the meninges, the amount of extravasation differing very much in different cases, varying from a few drops to several ounces, and even pounds.

Other things being equal, the gravity of the affection is proportionate to the quantity of blood extravasated.

Capillary apoplexy is that variety in which blood is extravasated in isolated small points, more or less numerous. A true apoplectic seizure is not, however, produced by these minute extravasations. The coma, if it follow, is developed gradually, and may be preceded by paralysis.

Not all parts of the brain are equally liable to be the seat of hemorrhage—occurring oftenest in the corpus striatum and thalamus opticus. An attack due to intense and suddenly developed congestion of the brain is distinguished as simple, congestive, or vascular.

Serous apoplexy is due to the sudden occurrence of serous effusion into the ventricles, arachnoid cavity, or sub-arachnoid space. These cases are very rare.

Uræmia is an occasional cause of sudden coma resembling apoplexy; it is supposed that many of the cases of apoplexy in which there were no appreciable changes within the cranium after death, were cases of uræmia, this cause, a few years ago, being comparatively but little known.

Uræmia coma, suddenly developed, is properly classed among the pathological conditions giving rise to apoplexy. In the majority of cases of uræmia the coma is developed more or less gradually; but cases occur in which the sudden loss of consciousness may be properly enough called apoplectic.

Another condition which may give rise to an apoplectic condition is the sudden interruption of the circulation in a portion of the brain, by the presence of an embolus, or by clots forming in the arteries; these last are called thromboses.

SYMPTOMS.—Sudden loss of consciousness, usually accompanied by slow, stertorous breathing. The patient, if standing or walking, may fall to the ground as if felled by a blow, but in general the coma is not absolutely instantaneous, and a sitting or recumbent position is voluntarily assumed. The attack comes on not infrequently when the person is alone, or during the night, and the physician rarely has the opportunity of observing the symptoms of an attack. The coma, in different cases of apoplexy, is more or less profound. When complete the patient cannot be aroused in any degree, by efforts, to consciousness, but in some cases there is not this total loss of mental faculties. Volitional movements in some cases are entirely wanting, excepting the movements of respiration; the body is as motionless as a cadaver; but in the majority of cases the patient exerts the will, although all the manifestations of intelligence may be wanting. The exist-

ence of paralysis may become apparent. The movements are perhaps limited to the upper and lower extremity of one side, and it is evident that hemiplegia is added to the apoplexy, which does occur in a majority of cases, the paralysis being at first complete. Respirations are slow, the rhythm is sometimes irregular, and inspirations stertorous or snoring. Pulse usually slow, full, and hard, the artery striking against the finger like a metal rod; exceptionally the pulse is small and feeble. The face is frequently flushed on injection, and, if respiration be much embarrassed, more or less livid; but it is sometimes pallid. The surface is in some cases warm, but in some cases cool. The iris may be contracted or dilated, or without either contraction or dilation; it may be immovable; a disparity between the two pupils is not uncommon. Vomiting is usual at, or shortly after, the commencement of the attack. These are the prominent symptoms which characterize the apoplectic state. The duration varies. It may last for a few minutes only, the patient gradually emerging from it, or consciousness may return after the lapse of a few hours, or the state may continue for a few days, and then pass off. As a rule, if the coma persist without any improvement for eight or ten hours, and more especially if during this period the coma becomes more and more profound, improvement is not to be expected, and the attack will prove fatal. On the other hand, the attack may prove fatal in a few moments, the mode of dying being by apnoea, or death may take place after several hours, or, again, the apoplectic state continues and proves fatal after the lapse of several days, in the latter case death being by asthenia and apnoea combined.

The symptoms in apoplexy dependent on an extravasation of blood are essentially the same as when coma from compression of the brain follows an injury to the head. An extravasation of blood has the same effect as compression by a depressed portion of the skull, owing to the peculiar situation of the brain, being inclosed in an unyielding bony case.

Under these circumstances, pressure on any part affects the circulation in the whole mass of brain, and the apoplectic phenomena are due to the want of a proper supply of blood within the ner-

vous mass. The mechanism is probably the same when the apoplexy depends on sudden and intense congestion. The pressure of the blood in the larger vessels interrupts the circulation in the brain substance; hence the suspension of cerebral functions. The production of apoplexy depends on the suddenness of extravasation, congestion, or the arrest of the circulation in a vessel of considerable size. If these events take place gradually, apoplexy is not induced, and with regard to extravasation and congestion, if they be not sufficient to destroy life within a brief period, the circulation may become restored sufficiently for the restoration of consciousness. This restoration generally takes place when the seizure is due to an embolus or thrombus.

An apoplectic seizure, incident to uræmia, is probably due to the direct action of urea, or its elements, upon the brain. It seems difficult to understand why, in uræmis apoplexy, the coma should occur suddenly, and in some cases, even without having been preceded by any symptoms denoting cerebral disturbances, although these sudden cases are exceptional in uræmia; in general the patient more or less gradually falls into the comatose condition.

The liability to apoplexy has a manifest relation to age, the liability increasing from the age of twenty years; cases under twenty years are excessively rare, yet they are occasionally observed. Apoplexy from meningeal hemorrhage sometimes occurs in young children, and shortly after birth. Males are more subject to the affection than females.

The symptoms are striking and distinctive, but errors of diagnosis may be committed; it may be confounded with several other conditions which involve coma more or less complete. Syncope is one of these; but syncope differs by being of short duration, also characterized by death-like pallor, coldness, catching of the breath, and great feebleness or extinction of the pulse, symptoms which do not belong to apoplexy.

The coma which follows an epileptic paroxysm resembles apoplexy, but a knowledge of the fact that the comatose state has been preceded by violent convulsions, with difficult and noisy respiration from laryngeal spasm, will at once settle the character of

the attack. A paroxysm of epilepsy may act as an exciting cause of apoplexy.

Hysterical coma is another condition which may suggest the existence of apoplexy; but this may be discriminated by the characteristic phenomena of hysteria having preceded the comatose state, by convulsive movements in some cases, into which volition enters more or less by absence of stertor, the mobility of the iris, and restoration to consciousness on resorting to cold douche.

• Uræmia coma may simulate apoplexy. Generally the co-existence of epileptiform convulsions, if dropsy do not exist, suggests the probable existence of renal disease, and the urine is found to contain either albumen or casts or both. Profound alcoholic intoxication is the condition most likely to lead to error of diagnosis; but there are differential points: the odor of alcoholic liquors in matters vomited, and in the breath of the patient, respiration not stertorous, the pulse usually feeble or soft, and increased in frequency, pupils dilated; the patient can generally be roused sufficiently to exhibit some of the manifestations of drunkenness. It is important to make this discrimination. To call apoplexy drunkenness, or the reverse, would be an unfortunate error.

The existence of hemiplegia which is known did not exist prior to the occurrence of the comatose state, is an important point in the diagnosis, denoting hemorrhage into the brain substance, caused by laceration of nervous structure, and may generally be ascertained during the apoplectic state. The patient is observed to move the extremities of one side, while those of the other remain motionless; the paralyzed members when raised and allowed to drop, fall inanimate.

Meningeal hemorrhage and congestion do not, as a rule, give rise to hemiplegia.

An embolus will be likely to give rise to hemiplegia with the apoplectic seizure, and this condition may be suspected if the apoplexy be transient, and the hemiplegia disappear shortly after the patient emerges from the apoplexy.

Patients recovering from an apoplectic attack appear as if

awakened from sleep, and rarely evince surprise or ask what has happened to them. Pain in the head is often a prominent symptom; after a few days, however, it may become more prominent, associated with febrile symptoms, and delirium may occur, denoting inflammation of the cerebral substance surrounding the clot. This inflammation may lead to softening and suppuration, and thus the extent of the injury may be increased. A fatal termination sometimes occurs apparently from the local effects of the presence of the clot.

Apoplexy with hemiplegia is followed by more or less impairment of mind; different cases differ much, but it is probably true that the strength of mind which existed prior to the attack is never fully regained.

A remarkable sequel in some cases is the loss of speech, not from any difficulty of articulation, but from an inability to use words dependent upon a mental condition, not from paralysis of the muscles involved in speech. Aphasia is the term employed to denote loss of power of speech, the vocal organs remaining intact and intelligence preserved.

TREATMENT.—Stimulants are indicated when the face is pallid, the surface cold, and the pulse feeble.

An emetic is sometimes indicated when the stomach is overloaded and vomiting does not occur spontaneously. If an emetic be indicated, select one which will act promptly and efficiently without producing depression—an active cathartic is generally administered if not contra-indicated by a small, feeble pulse. The head should be moderately raised and cold or evaporating lotions applied, or if the head be extremely hot and flushed, the ice cap may be used.

If the extremities be cool, stimulating applications should be applied, and everything constricting the neck and chest should be removed. Pursue these measures until it is decided whether the patient is to emerge from the apoplectic state. If, after the lapse of several hours, the symptoms denote a hopeless condition, the physician must be contented with the measures which appear to contribute to the comfort of the patient, for he is, in fact, unconscious of suffering. The use of purgatives would only tend to hasten the fatal termination.

Cooling lotions to the head will relieve the local inflammation which may be excited by the clot; an unstimulating diet is advisable.

It is important to observe all possible precautions to prevent the recurrence of apoplexy after recovery from an attack.

Place the system in the best possible condition, by means of a well-regulated diet and regimen, and avoid all exciting causes; these measures will probably afford all the security which can be obtained. It is not likely that any protection is afforded by reducing the powers of the system, and other evils may thereby be induced. The diet should be sufficient for the wants of the system, otherwise the effect is lowering to the system, although excesses and imprudences of all kinds should be avoided; care must be taken not to err in the opposite extreme. Mental occupation to a certain extent is admissible.

SELECTIONS.

THE DEFORMITY TERMED "PUG NOSE" AND ITS CORRECTION, BY A SIMPLE OPERATION.*

THE nose is the central and most prominent feature of the face; and on its shape, size, and appearance, to a great degree, depends the relative facial beauty of the person. Physiognomists emphasize the importance of the nose in the category of anatomical conformations that are indicative of special traits of character, and regard it as a measure of force in nations and individuals.

Says Wells: "A skillful dissembler may disguise, in a degree, the expression of the mouth; the hat may be slouched over the eyes; the chin may be hidden in an impenetrable thicket of beard; but the nose will stand out 'and make its sign' in spite of all precautions. It utterly refuses to be ignored, and we are, as it were, compelled to give it our attention."

Even in ancient times much attention was given to its shape and appearance. Among the ancient Persians no man who had a crooked or deformed nose was allowed to sit upon the throne. Cyrus, it is said, had an unsymmetrical nose, which was made a thing of beauty through the kind assistance of his emasculated attendants. In order to secure symmetrical and handsomely formed noses, in the children of the royal blood, the eunuchs who had charge of the royal offspring were accustomed to mould their noses into perfect shape. (Mackenzie.)

Considered from the profile point of view alone, noses are classified according to their shape by students of physiognomy into five main classes: (1) The Roman noses; (2) the Greek noses; (3) the Jewish noses; (4) the snub or pug noses; and (5) the Celestial noses. These classes of noses, considered in the light of the characteristics of the race or class to which they

* Read before the Medical Society of the State of New York, February 1, 1887.

are peculiar, are observed to indicate prominent traits of character, as follows: The Roman indicates executiveness or strength; the Greek, refinement; the Jewish, commercialism or desire for gain; the snub or pug, weakness and lack of development; the Celestial, weakness, lack of development, and inquisitiveness.

"*Le nez retroussé*" of the French is applied to the Celestial nose, which is simply the pug lengthened and turned upward so as to form a gentle curve from the root to the tip.

The fact that the deductions of physiognomists almost completely harmonize with the anatomical and physiological facts in the case of the last two classes, becomes striking when we consider that those deductions have been made from observation alone.

Mr. Warwick says: "A snub nose is to us a subject of most melancholy interest. We behold in it a proof of the degeneracy of the human race." Tristram Shandy's father, regretting his son's misfortunes, remarked: "No family, however high, could stand against a succession of short noses." And his grandfather, "when tendering his hand and heart to the lady who afterward consented to 'make him the happiest of men,' was forced to capitulate to her terms, owing to the brevity of his nose."

There are three conditions that may occur during the development of the nose that give it the appearance called snub or pug. They are: (1) Excessive development of the alæ and cartilaginous portions on the end of the nose; (2) a lack of sufficient development, or a sunken or flattened condition of the base and bridge of the nose, while the end of the nose may be but normally developed; (3) the combination, to a greater or less degree, of the conditions just mentioned. This last condition is the one most frequently found.

During development the nose and parts comprising the central portion of the face, as the ethmoid and sphenoid bones, and parts adjacent, are late in developing, and are also the last portions of the face to undergo ossification. At birth the nose, at its base and central portions, is flat and nearly level with the face, but later this depressed line is replaced by a more prominent one as the nose becomes developed. From this it will be seen that

anything interfering with the proper development of these parts so as to cause them to remain in their infantile condition, while the end of the nose undergoes due development, will give the nose a snubbed and unsightly shape.

The best developed and most beautiful noses are one-third the length of the face. But noses often vary from this proportion, and in some instances an ill-formed nose is inherited, it being a special family mark. Ribot says "that of all the features the nose is the one which heredity preserves the best." ("Hereditary Traits," Richard A. Proctor.) But in other instances it is the result of diseased conditions affecting its growth and proper development during infancy and early childhood.

There are many conditions that operate to produce this result. The principal one is obstruction of the nasal passages, which cuts off nasal respiration. During the inspiratory act of respiration and deglutition, when the nasal passages are obstructed, a partial vacuum is produced in the naso-pharynx. This suction force, being exerted on the inner side of the yielding cartilaginous nasal tissues, tends thereby to draw them inward, and thus in a corresponding degree retards or prevents their normal expansion and development. This obstruction of the nasal passages may also cause an enlargement or undue development of the portion of the nose below and beyond the obstruction, especially if this obstruction is composed of firm tissues, through interfering with the return circulation. The end of the nose thus becomes engorged, the vessels distended, and a marked thickening of the tissues takes place. The importance of attention to obstructed nostrils in infants, commonly called snuffles, is thus clearly demonstrated.

All chronic affections of the nose, even when unattended by obstruction of the passages, tend to produce by sympathetic irritation more or less congestion of the vessels of the end of the nose, and, by reason of these vessels having less power of resistance, an undue distention of them takes place. The surrounding tissues become thickened, and an enlargement of the end of the nose occurs. This is very commonly observed during the treatment of nasal diseases.

This diminished resistance of the peripheral vessels explains the effect of alcohol in the coloration and enlargement of the end of the nose in "old toppers," which is so often observed. Alcohol produces congestion of, or sends the blood into, the capillaries and terminal blood-vessels. Since the capillaries in the nose have less resistance than the other superficial vessels of the face or other parts, the effect of imbibition is first shown in the end of the nose. A crooked and wrinkled septum will have the effect to lower the contour of the nose, as well as to cause an undue arching of the palatine vault. A snubbed appearance may be given to the nose by injuries to its bridge or base, and also by ulceration and necrosis of the bones of the nasal chambers, especially the vomer, resulting in the removal of the support to the center of the nose, which then falls inward. The operation for the correction of the deformity under consideration is easily performed, although I can find no record of it, and have no knowledge of its having been proposed or performed. It may be classed about the same as the operation for strabismus, and, like many other operations, is mainly to improve the personal appearance of the individual. The operation consists in the removal from the end of the nose of that tissue which is in excess, or which is disproportionate in amount to the other portions of the nose. In other words, we are to make the nose symmetrical from one end to the other.

In cases where the bridge is low and undeveloped, if the end is lowered, made smaller, and brought down so that the top of the nose forms a straight line from its base, or junction of the frontal and nasal bones, to the end, the nose ceases to be unduly noticeable or unsightly; and, although the nose will be smaller, it will appear much larger than before by reason of its being symmetrical and proportionate throughout. The nose does not appear ugly by reason of the fact that its size is disproportionate to that of the face (for noses vary greatly in this respect), but by reason of the disproportionate relations to one another of the different parts of the nose itself.

In those cases in which the deformity consists in an undue enlargement of the end or cartilaginous portion of the nose, while

the bony framework is normally developed, it will be seen that the main portion of the nose is straight until we come to the enlarged end, which suddenly tilts upward. Even in this class of cases it is not the end of the nose that really appears too large, but it is the base or bridge that appears too small or depressed.

The operation is performed as follows: We first deaden the sensibility of the interior of the end of the nose by cocaine (generally anæsthesia being unnecessary), and then brightly illuminate this part. If the tissue is to be removed from that portion where the mucous membrane is not too firmly adherent, the membrane should be dissected back, to be replaced after the operation. The end of the nose is turned upward and backward, and held with a retractor by an assistant; then sufficient of the superfluous tissue is removed or dissected out to allow the nose to conform to the shape that we desire. Great care must, however, be exercised not to remove too much tissue, and also not to cut through into the skin, lest we may have afterward a scar or a dent in the external surface of the nose.

In some cases no after-treatment is required, but in others it is advisable to mould a saddle or splint, as it were, to the top of the nose, so as to make it, while healing, assume the shape we wish to obtain. In some instances the large and unsightly end of the nose is not due to an excessive tissue, but to a malformation of the cartilages of the alæ, bulging outward with a corresponding concavity on the inside. These noses can be very readily moulded into a handsome shape by cutting, with a small tenotomy knife, through these cartilages, in different places, sufficiently to destroy their elasticity. Then by inserting a silver or hard rubber tube, of the proper size and shape, into the nostril, and conforming the saddle to the outside of the nose, we have it encased in an outside and inside splint that compels it to conform to the exact shape we desire. While performing this operation and moulding the nose into shape, we must not neglect to preserve the nasal passages free and unobstructed.

Thus far I have performed this operation on five persons.—
John Q. Roe, M. D., in Medical Record.

THE PNEUMATIC CABINET, WITH CLINICAL CASES.

I AM ready to make a report of the benefit of "pneumatic differentiation," by means of the pneumatic cabinet, having owned the machine for several months, and having had a list of twenty-two patients.

Some theories have been advanced relating to the mode of operation of this cabinet, or the meaning of "differentiation" in the use of the instrument. I must say that I believe the experiments of Dr. Williams, of Brooklyn, are entirely correct on this subject, and I have every reason for believing that this gentleman rightly conceived and has carried out the principles which give us as much control, or more, over lung diseases as we have over the course and duration of typhoid fever. I have only two general principles to mention in the mode of action of the cabinet in the cure of lung diseases. These are: The cabinet can get the medicine where it will do good, and a medicine can be used which will do good.

I will report a few of my cases. These cases can be interviewed by any person, *as they are yet living*, and will vouch for what I say.

CASE I.—R. T., aged about 45 years. Three brothers and two sisters dead with consumption. Patient had consumption—pulmonary tuberculosis. Right lung. Stone's "cog-wheel respiration." Crepitant, mucous, bronchial rales, resonance, flat, with mouth open; cavity of lung located by cracked-pot resonance; patient very weak, temperature 104°, when he first came to my office; has night sweats, extensive emaciation, expectoration of one-half pint of pus every day. His wife informed me confidentially that nothing could be done, and that all his brothers and sisters went the same way, and that they all lived about six weeks after they became as sick as her husband.

I had made up my mind to select cases for the cabinet, and this patient I regarded as not selectable, for the reason that he was my first case, and that I had no opinion that I could cure him, and that he would ruin the reputation of my expensive cabinet.

But the patient came to be treated by the cabinet. He had heard of it. I had to "fish or cut bait," and I put the man in. In a few minutes I took him out for reason of faintness and dyspnœa. He got his wind, went to coughing and "raised" half a spittoon of pus and mucus.

To make it short, this case took thirty-five cabinet treatments. His fever, cough, expectoration, night sweats, all stopped. His lung cavity cicatrized. He gained thirty pounds. He is now well. What more can be said? He lives, and I can show him, or give his address. The drug used was hydr. bichloride, in solution of 1:3000.

In a "short" magazine paper I cannot report thirty-two cases, but I propose to give typical cases to show the results. The case of Talbot (that's his name) is a typical case of the cure of pulmonary consumption by means of the pneumatic cabinet.

Morrison, a gentleman aged about 48 years, "inherits consumption." Has been under treatment, taking cod liver oil, etc., for two years. Has night sweats, cough, great expectoration, fever (103°). Family generally died with consumption. Chest symmetrical, clavicular fossæ deep, clavicles prominent, ribs prominent, respiration rapid (30), temperature 102° . Has cough, expectorating large quantity of muco-pus. Erlich's test developed a beautiful specimen of *B. tuberculosis* in sputum, cervical glands both sides of neck enlarged. Was carefully examined by the pension board at Joliet, and given an increase of pension for pulmonary tuberculosis.

This case was treated with corrosive sublimate. He recovered. His reported gain in weight is eleven pounds in two weeks. Night sweats, cough, loss of appetite have all disappeared.

The next case worthy of report is that of Mr. D., aged about 35 years. Family not consumptive, but D. himself is not a strong man. Six years ago he had a cough, night sweats, emaciation, and went to Colorado for a year, which cured him. During the past winter he had catarrhal pneumonia of left lung, and recovered except a bronchitis which followed. He came to me for purpose of being treated in "the box." His general appearance was emaciated, he had poor appetite, expectorated pus, coughed

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a great deal, and a hoarseness indicated laryngitis. He took to the box very readily, was given iodine and corrosive sublimate, alternately, was treated daily for two weeks, when he was discharged cured. This patient had little faith in the cabinet and was continually talking Florida and Colorado during the first week. During the second week his geography seemed to leave him, as well as his migratory instincts. He has returned a few times since then, for a treatment or two by reason of taking cold, always with benefit.

Mr. C. came down from Chicago for pneumatic treatment, having heard of my first case. The first intimation I had of his arrival, or personality, was a summons at night to see a man who was dying. I went and found a young man unconscious, corresponding pulse, great pallor, and understood that his trip from Chicago had exhausted him. I auscultated both lungs and saw that both were seriously tuberculosed and destroyed. The man didn't die then, however, but came three times for treatment. His respiration and strength improved for a week, and he began to have some appetite. The young man's friends were obliged to foot his bills, and, after a consultation among themselves, they concluded to pay nothing further than funeral expenses. They accordingly carried him into the country, where he died in about a month.

Next case was a young lady who, every winter for five years, had been unable to speak above a whisper. I made no examination of the larynx, being busy. She was whispering this winter as usual, but when forcibly speaking loud was husky and hoarse. She came ten times, when she declared herself cured—speaking very musically, and remained free from her laryngeal troubles the rest of the winter.

Mr. W. is a "canaler," running a vessel on the Chicago sewer from that city toward Peoria. When the season closed, last fall, had a cough; had lost flesh and appetite, and began to consult doctors. When he came to me, about midwinter, he presented the general picture of consumption. I did not examine his lungs or sputa, but gave him his regular hour for treatment. His improvement was slow, but he recovered, and has gone back to the canal.

J. C. has fibrous phthisis, limited to left lung; has had the disease two years. Last spring I sent him to Colorado, considering him a hopeless case, as he was having occasional pulmonary bleedings of large quantities. He returned from Colorado in the fall, greatly improved physically, but his morals were corrupted; he went into the whisky trade without a license, got into jail, and I got him out of that by an affidavit that he had consumption, and put him into "the box." I have treated this boy, not very regularly, for he is inconstant, for four months without benefit. He is gradually giving up the ghost.

Mr. J. is aged about 37. Heredity good relating to tuberculosis. Has had primary syphilis. Last fall began to cough and in a short time had violent hemorrhage. He picked up again slowly, and finally got ready to go West; had his ticket purchased; was dressing for the journey when another bleeding came on. This time he nearly lost his life. His physician controlled the bleeding by ergot. In about ten days, by advice of his doctor, he was brought for treatment by the cabinet. He succeeded in coming six times, when another hemorrhage put a stop to the proceedings, and since then he has been confined to bed, gradually wasting by consumption and frequent bleedings. He is now, I understand, using the newspaper remedy of rectal alimentation of sewer gas.

Chas. C., aged 65 years, a year ago had an abscess of the lung, from which he made a poor recovery. He was feeble and had a cough all summer; some night sweats, and his right lung exhibited various rales, and he expectorated muco-pus, which contained no bacilli. Coming to see me I advised him to try the cabinet, which he did. The first three treatments were useless by reason of the violent spasmodic coughing produced. After this matters became adjusted to each other, and in a few weeks the old gentleman was well, and has remained well ever since.—*Romaine J. Curtiss, M. D., in Peoria Medical Monthly.*

**SYZYGIUM JAMBOLANUM OR JAMBO (JAMBOL
OR WILD JAVA PLUM) IN DIABETES
MELLITUS.***

THE history of this plant, at the present time, is somewhat obscure, and the literature on the subject is so meager that I have been unable to obtain the satisfaction that one could desire who wishes to write a paper upon its virtues. It is a plant that grows in the East Indies, and the part used for diabetes is the powdered seeds and bark. The tincture is unreliable, the fluid extracts and all other preparations inert. It belongs to the myrrh family.

Someone discovered that when the natives of India were afflicted with diabetes they resorted to these seeds or bark for relief, and invariably obtained satisfactory results.

Some of these seeds were obtained and sent to this country for the purpose of experimenting. It was found that whoever used the remedy was benefited, but as the supply was limited, cures were not perfected.

It is but recently that the supply has equaled the demand, and now it can be obtained from Caswell, Hazard & Co., of New York City, or C. M. Lyman, of Buffalo, at seventy-five cents to one dollar per ounce. The powdered bark from Parke, Davis & Co. of Detroit.

Mr. Wentworth Lascelles-Scott, Consulting Analyst to the Royal Commission of Victoria, Mauritius, etc., says that "while a certain quantity of diastatic matter converts 44.8 per cent of starch employed into sugar in fifty minutes, normally, with the same materials, and in the same time, 19.6 per cent was so converted when 15 grains of jambol powder was also present, and only 12.6 per cent when twenty-five grains of the seeds were present."

Dr. Burt believes that the remedy acts as a "stimulant to the vaso-motor centers in the medulla oblongata, and subsidiary centers in the spinal cord, solar, mesenteric and renal plexuses; through these centers there is produced a great increase of arterial tension generally, and upon the renal arteries that supply the

* Read before the Western New York Homeopathic Medical Society.

glomeruli of the kidneys the arterial pressure is especially raised, increasing the tension in some cases so as to almost occlude the capillary vessels."

If Mr. Wentworth Lascelles-Scott's statement be correct it would show that the medicine only acted mechanically, and when its use was discontinued the disease would return; but if Dr. Burt is correct, we would expect a cure from its administration. It is to be regretted that we were so much in the dark as to its action on the human system when first introduced to the profession, and will be until the drug has had a thorough proving. We know that twenty grains will produce rapid beating of the heart with restlessness, and a feeling of fullness in the head, which would go to show that it affected the pneumogastric nerves to some extent, and that its entire action was not mechanical. It is said to be a stomachic, carminative, and astringent in a slight degree.

The dose at first is five grains, to be gradually increased to seven or eight. There are no apparent physical sensations from powders of this size, any more than there would be from the same amount of carbo. veg.

Hearing of this remedy for diabetes mellitus, I obtained some of it, and commenced its use in five-grain doses, three times a day, on a patient who had been suffering from the disease for a little over five years. During that time he had taken ergot, thuja, codia, bromide of arsenic, nitrate of uranium, ledum, plumbum, and countless other remedies, at the same time following out the ordinarily prescribed diet for diabetic patients; but with the only result of keeping the disease in check to a small degree. The gradual tendency was downward and when hope had almost been abandoned, and the languor which accompanies this difficulty, in its latter stages, became almost unbearable, he resorted to the use of about two ounces of whisky once each day, which seemed to benefit in every way more than anything used heretofore.

He commenced using the syzygium jambolanum on the 4th of January, 1887. In forty-eight hours he began to experience beneficial results. The intense thirst and weariness subsided, in a measure, and the urine diminished in quantity. After using

about an ounce of the remedy he noticed that his strength and spirits began to return as in former days. The cramps in the limbs, the severe attacks of lumbago, the thirst, bleeding of the gums and pharynx, the night sweats, which were profuse, subsided. In fact all the unpleasant sensations and symptoms ceased, and, like the Arabs, "folded their tents and silently stole away." The quantity of urine, which averaged about one hundred and forty ounces each day of twenty-four hours, diminished to about sixty ounces, and from being obliged to pass his urine three or four times during the night, he was enabled to pass the whole night without being disturbed. The quantity of sugar had diminished in a very marked degree; although the specific gravity did not decline from 1,032 until after about three months. It is now about 1,024, with hardly ever any traces of sugar.

The patient has never been restricted as to his diet, having been allowed anything within reason. He has been permitted to drink the ordinary St. Julien, or in fact any of the dry wines, with occasionally a little whisky. The champagne and whisky, however, do not seem to act kindly, as they almost invariably produce slight exacerbations.

Although this case is of long standing, it has been held in check by diet and almost constant medical treatment; therefore the kidneys have not materially suffered, and a cure has been effected. It cannot be expected that diabetes can be cured by *any* remedy, after the kidneys have become diseased by the excessive and constant strain that has been put upon them month after month, and year after year, but I feel positive that all cases in their incipency, or in all cases where the kidneys are not diseased, syzygium jambolanum will cure this most formidable disease. Possibly after a time sugar may make its appearance again, and for this reason the urine should be examined occasionally, and if present the same treatment should be resorted to for a short time.

When the physician turns over the leaves of his professional history and sees inscribed on its pages the deaths of eminent men and women standing high in the community—men of wealth and influence whose loss brings untold calamities—who have fallen victims to this insidious disease, and then to have a remedy

placed in his hands that will cure nine cases out of ten, a feeling of longing arises in his heart, that the past might be recalled and this medicine used in behalf of those stricken down. But the past is inevitable, and a shadow of gloom settles upon his heart, and he feels more acutely the fact that what he does not know far exceeds the knowledge he possesses, although he has spent years of hard study and close observation into the hidden mysteries of his chosen calling.

I believe that the plants are now growing that will cure every kind of disease, and that, possibly, if the alchemists of ancient times, who studied and spent their whole lives in the vain search for the elixir of life, had turned their attention more persistently to the vegetable kingdom, they might have found on nature's breast the acme of their desires, or the much-searched-for remedy, for which so many have looked in vain.—*S. N. Brayton, M. D., in Investigator.*

VARICOCELE AND ITS TREATMENT.

GENTLEMEN, said Professor Lister, in selecting a case for study this morning I have chosen this patient, a young man 22 years of age, in good health, affected with varicocele. The disease, you perceive on examining the patient's scrotum, is confined to the veins of the left side, which are enormously enlarged. On questioning the young man we find he suffers little or no inconvenience, except occasionally slight shooting pains in the scrotum, which extend along the course of the spermatic cord. The irritation induced by friction with his trousers, he tells us gives him the greatest annoyance. He has been wearing for several months a suspensory bandage, which has entirely relieved him of the recurrent attacks of pain. In considering this affection, gentlemen, what symptoms have we which are not unlike those of scrotal hernia? "Have we not a swelling confined to one side of the scrotum, reducible, recurring on removal of the dispelling force? Moreover is this swelling not more marked when the patient assumes the erect posture than when recumbent? Most assuredly!" Hence, though the diagnosis is apparently so simple, yet were it not for more distinctive and characteristic

symptoms than those we have mentioned above, there might be, after all, a doubt as to its correctness. It is, however, in the manual examination that we find positive proof of the accuracy of our diagnosis, for we feel under our fingers on the left side of the scrotum, irregular linear elevations, rolling something like "worms" as we press upon them. They lie just beneath the skin, and their size is modified by pressure. On the right side, where the veins are of normal size, you do not perceive any such peculiar sensation.

These worm-like bodies are the varicose veins, which form a net-work around the testicle, and by which the blood conveyed to the organ by the spermatic artery is returned to the venous circulation.

In regard to the employment of operative measures for the cure of this common affection, Professor Lister deemed it best, before deciding this important point, to consider the effect of the disease upon the testicle.

Does varicocele cause atrophy of the testicle? Not as a rule; cases on record of such a result are not common. Does it give rise to much pain? In some cases, as we have seen, there does occur, now and then, slight attacks of dragging pain in the back and loins, but this symptom is far from being constant. A most important symptom, and one which we dare not disregard, is mental depression; for upon the gravity of this morbid state of the nervous system depends the expediency of operative interference. Patients suffering from this affection are continually brooding over the fact that they are not like other men, and are fearful that some unknown danger is impending.

If, after due consideration, we decide upon a radical operation, what plan shall we adopt, for we have many, both ancient and modern, from which to choose? Among the modern methods Professor Lister mentioned "cutting off of a part of the skin of the scrotum." This practice, gentlemen, he said, I cannot commend to you, because, in the first place, the skin of the scrotum does heal rapidly by first intention; secondly, the tissue, being elastic, stretches almost immediately after the operation. The same benefit could be obtained by the use of a suspensory truss,

and would be far more permanent, without subjecting the patient to the pain and inconvenience, not to say danger, of the operation.

"Acu-pressure, with pins and subcutaneous division of the veins, is a method to be deprecated, as the danger from septicaemia is great, and the operation rarely includes all the varicose veins."

The objection to subcutaneous ligation is, that the spermatic artery is apt to be included in the loop of the ligature as well as nerve filaments and too many of the veins, resulting in insufficient venous return and the subsequent atrophy of the testicle.

Cutting down upon the veins at the middle of the scrotum, dissecting them out one by one, and ligating with a double antiseptic gut ligature, though tedious, the professor stated, he had practiced a number of times with the best results. When the veins were very large he excised a portion, which insured a more perfect cure and hastened recovery. An improvement, he believed, upon this operation had recently been introduced into practice, and might be employed with advantage. It consisted in making an incision from three-quarters to an inch in length a little below the external abdominal ring, dividing the tissues down to the large venous trunks which are found passing up from the scrotum. These vessels are ligated with a double antiseptic gut ligature, by which means venous return is cut off by this route. It has been my experience, said Professor Lister, in every instance when operating at this point, to find only "two" venous trunks, whereas the anatomical text-books gave a number of recurrent vessels. Professor Lister here remarked that it was not without a feeling of anxiety that he first cast a double ligature around these two large vessels, the only ones he could discover which had to do with the return of venous blood from the testicle. Though the good result he secured justified the means, yet never, even since, had he ligated in this locality for varicose veins, without an unpleasant feeling of uncertainty and doubt as to the maintenance of the circulation on the affected side. Recently, however, due to the skillful fingers of the anatomist, there has been found to exist a plexus of small veins which communicate

with the spermatic vein, and it is upon these secondary vessels that we depend for the carrying on of the circulation in the testicle. These veins do not take the same course as those composing the pampiniform plexus, said Professor Lister, so we need have no fear of injuring them in the performance of the operation in the inguinal region. Since the announcement of the anatomical fact I no longer experience anxiety with reference to the maintenance of the circulation in the testicle. Therefore, gentlemen, I can recommend the operation in this locality to you as one promising the best result, with the least amount of danger to the patient.

I wish to impress this important fact upon you before closing my lecture: do not think, because a man is discovered to have varicocele, that therefore it is your duty to subject him to an operation. The cases which call for operative interference are few, and surgical methods employed under other circumstances are unjustifiable.—*Sir Joseph Lister, in Medical Register.*

ARE SYPHILITIC ATTACKS MADE MORE PRO- NOUNCED BY THE WITHDRAWAL OF ALCOHOLIC STIMULANTS FROM THE INEBRIATE?

DR. C. F. BARBER, of Brooklyn, sends the following communication: "Voluminous as are the writings upon syphilis, I fail to find mention, save in a minor way, of the deleterious effects of alcohol upon the disease. True, we are cautioned again and again to induce our syphilitics to refrain from the use of alcoholic drinks, or, if habituated to their use, to curtail them as much as possible. But no stress seems to be laid upon the outcome of their abuse. It may be my misfortune to meet unfortunate cases, or perchance those made worse by neglect, but the fact impresses me most forcibly that the abuse of alcohol, while not retarding or checking the progress of the disease as to its ultimate results, causes relapses to occur more suddenly and with greater violence than they otherwise would. It may be objected that no inebriate (for it is from this class of patients I draw my infer-

ences) takes care of himself as he should, to say nothing of following the directions of his physician. Granting the point of this statement, I nevertheless maintain that, while many neglect themselves to a dangerous degree, yet there are those who exercise more or less care and attend to their unhealthy condition. I have during my observations, extending through several years of service among this class of people, been forcibly impressed with the fact that syphilitics, as a rule, after the withdrawal of alcoholic stimulants by gradual reduction, suffer in a sudden and severe manner from the disease in some of its many forms. Whether alcohol has any controlling effect upon the disease I am unable to state positively, but certain it is that in some patients there seems to be a period of *stasis* during their excesses. I have in mind several cases in which the disease was dormant for a long period, and suddenly reappeared after a prolonged debauch. In one case this was marked by a most severe laryngitis, causing loss of voice, difficulty in swallowing (to such an extent that nothing but fluids could be taken, and these only in small quantities), swelling of the tongue and sordes upon the tongue and inner side of the cheeks. This patient retired in apparently good health, but upon awaking the next morning found himself in the condition I have described. Another case is that of a man who invariably, after one of his debauches, is the subject of a syphilitic ulcer on the anterior pillar of the fauces. A third has to combat a serpiginous ulcer over the crest of the tibia. A fatal case which came under my observation was that of a laborer who had contracted syphilis previous to a prolonged debauch, which terminated only after he had been sent to an institution for the cure of inebriety. After being restored to apparently his healthy condition, and while at work among his fellow-inebriates, he was complained of on account of a terribly offensive odor which emanated from him. This could not have been a result of neglect of cleanliness, for he was compelled to bathe frequently. Upon examination he gave a syphilitic history, but said that he had not been troubled for some time by any manifestation of the disease. Upon the removal of his clothing there were found syphilitic papules scattered over his body, and his scrotum was found to be a complete

mass of ulcers. There were also ulcers upon the inner side of each thigh. The testicles were no doubt involved; but the condition of the scrotum forbade handling, and the internal parts of the sac could not be examined. This condition had all come on within three days, as the patient had had his bath and a change of clothing, under the eye of a reliable person, but three days previous, at which time he was apparently in a perfectly healthy condition. Many other cases varying as to intensity might be cited, but these are sufficient to illustrate my belief. It is well for those who have the troublesome malady of inebriety to contend with, to be on their guard, and at the first indication of a syphilitic nature take the case well in hand, and, by proper treatment, alleviate the sufferings which through neglect might cause results of the gravest nature."—*Medical Record*.

MAY SYPHILITICS MARRY, AND WHEN.

At a recent meeting of the Medical Society of the county of New York, Dr. Morrow read a paper which was extremely interesting as showing the most recent beliefs as to the likelihood of syphilis being transmitted after apparent cure. Time was when the general belief was that the contagious stage of syphilis began and ended with the chancre. No one believes that now, and it is conceded on all hands that to fix a definite limit when the syphilitic virus does become inert is impossible. While some syphilographers claim that a man may, if properly treated, marry with safety after three or four years, others hold that in many instances that step must be postponed till five or six years have elapsed. But there is another aspect of this matter. A patient does not come and ask, "Shall I get married?" but says, "I am going to get married." There may be reasons of a family nature which seem to force marriage upon the man, or he has become enamored of a young lady, and thinks life a burden if he must live without her. In such cases it generally does little good to declare that syphilis sometimes retains its contagious power for five or six years. The first one considers the reason why he should marry to outweigh all others, while the other, probably

mistaking lust for love, is even more importunate, especially as the possible evil consequences will fall upon others more than upon himself. In the end they will both do as they please, and marry.

While the physician should earnestly protest against such marriages, still it is to be remembered that there have been cases where men having a severe form of syphilis, have married within six months and have not contaminated their wives—by observing certain precautions as to contagion from the penis, from mucous patches, and from the blood. When, then, a man *will* marry in spite of our warning, he should, we believe, be instructed concerning these points, and should be assured that if he permits his wife to become pregnant, a macerated fœtus or a blemished child will almost certainly be the result, and we believe the physician is warranted in instructing him as to expedients to prevent conception in the way of copious vaginal injections, etc. But some will say that this, like licensing prostitution, is also an evil, and favoring immoral practices. If it be an evil, it is the smaller of the two, for by so doing an innocent woman may be protected, and untold misery prevented.—*Massachusetts Medical Journal*.

THE TREATMENT OF MIGRAINE WITH A DOMESTIC REMEDY.

RABON, of Berlin, writes as follows in describing his experience with this treatment in the *Therapeutische Monatshfte* for April, 1887:—

“It is no wonder that against so common and annoying an enemy as migraine an immense array of lauded remedies are advanced. Among these we find some powerful drugs,—nitroglycerine, amyl nitrite, aconitine, cocaine, and others,—and also many remedies whose application is inconvenient, as massage and electricity. It is furthest from the purpose of the writer to undervalue the effect of these agencies. If a new remedy is proposed the excuse for its introduction must be that it is simple, harmless, and easily obtainable.

“As Nothnagel some years ago reported good results in treat-

ing epilepsy with common salt, it occurred to me that migraine could possibly be prevented by small doses of this agent. I accordingly ordered a young man suffering from 'petit mal,' whose seizures were preceded by a well-defined aura, to keep common salt with him, and at the first indication of the aura to take a convenient quantity. The order was followed and proved successful in every instance. Encouraged by his success, an aunt of the patient, who had suffered severely for years from migraine, which was preceded by unpleasant gastric sensations, began to take salt to cure her migraine. She took a half or a whole teaspoonful, and drank a little water after it. This treatment was regularly successful when the attack was just beginning, and a fully developed attack was stopped in half an hour.

"After this case I felt encouraged to try this simple remedy in similar cases, and the results were so good that I feel justified in recommending the remedy. Where the attacks of migraine are attended by symptoms of gastric distress, salt is especially efficient, if given promptly.

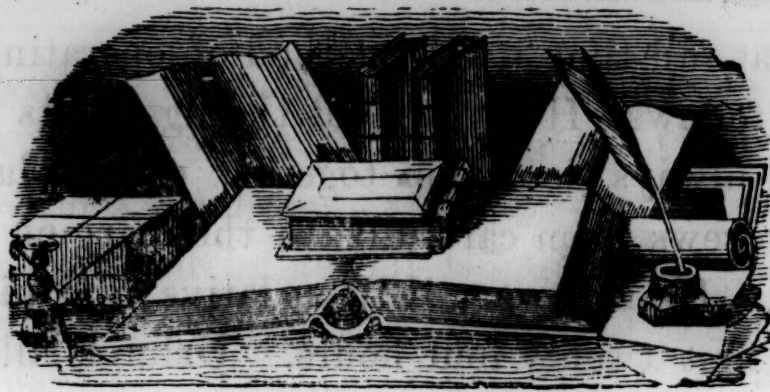
"My record of cases up to the present, embraces only six in whom a positive result was obtained. I hope, however, to attract the attention of others to the use of the remedy. An explanation of the way in which the result is obtained I hope to furnish in the future. Its power in eliciting reflex action seems to me a natural explanation of the effect."

TWENTY CASES OF ALEXANDER ADAMS'S OPERATION.

DR. W. GARDNER, in the *Australian Medical Journal*, October 15, 1886, publishes a series of twenty cases in which he performed the operation for shortening of the round ligaments. In no case did the operation result in death. The first case operated on was a complete failure, owing to imperfect performance of the operation, due to want of knowledge. Of the rest, one has been found to continue well three years after operation, two for a period of two years, seven for a period of one year, nine for a less period than one year. Four of them have been delivered of

living children at full time. His method of operating and after-treatment is as follows: He draws out the ligaments from four to six inches, and always ties them together over a large pad of gauze. He also sews them carefully to the margins of the ring and to the skin. He uses very little sedative, and gives only ice to suck for the first twenty-four hours. Urine is allowed to be passed spontaneously to avoid the risk of cystitis. The first change of dressing is generally made on the seventh day; up to this time Lister's gauze is used, and afterward iodoform and salicylic wool. The patient is allowed to get up and sit in a chair, or recline on a sofa, at the end of the third week, and is encouraged to walk after the fourth week has passed. No pessary or artificial support is used.

He is inclined to believe that the operation will be found most beneficial in cases of chronic retroflexion, with prolapse of one or both ovaries, the fundas being made to describe an arc of a circle which shall prevent it from pressing on the ovaries. It must also act beneficially by restoring the circulation in the broad ligaments to the normal condition. In ante flexion also it may be beneficial by straightening the uterus, and in prolapse also it will be of advantage, in cases which have resisted other methods of treatment. He inclines very strongly to the belief that displacements of the uterus are of no importance in themselves, and that they only give rise to trouble through the alterations they sometimes cause in the circulation through the broad ligaments. Therefore he does not operate because of the flexion, but only in cases where the flexion has caused alterations, probably in the circulation, evidenced by ovarian pain and reflex nervous manifestations.



EDITORIAL.

Cholera Infantum.—Cholera infantum is one of the prevailing complaints in many sections at the present time, and while we believe that the majority of our readers are treating it successfully, we wish to call attention to a few points which may be of service in its management, in addition to the ordinary eclectic treatment.

Let us pass by the aconite and ipecac treatment, which ordinarily gives good results, and the colocynth and dioscorea for excessive pains, and the euphorbia erigeron and veratrum album for the choleraic discharges, for they have been frequently referred to before, and do not require emphasis.

The later stages of cholera infantum may sometimes be arrested like magic by the use of sodium sulphate, 3x. Add five grains to half a glass of water, and give a teaspoonful every hour. This is especially valuable where the discharges consist almost entirely of greenish slime. Minute doses of mercurius dulcis or corrosivus come in well in the later stages, especially if there be indication of ulceration of the colon in the evacuations. We know this idea will be painful to some people, and we know that mercury is not to be trusted in the hands of everybody. The third of mercurius dulcis, or the sixth of mercurius corrosivus, however, will not do harm if used with common sense.

The iodide of arsenic is another remedy of great value where the patient is scrofulous and where the gastro-intestinal irritation is persistent, with rapid wasting. The favorable influence of minute doses of arsenic in some cases of cholera infantum is conceded by the majority of eclectics, but the drug derives new virtues when combined with iodine. In relation to this agent we

quote from an article by Dr. Sanborn, published in the *Medical Investigator* in 1867, at which time our attention was first called to the drug in this disease. We have confirmed the statements here made in more than one experience.

“In acute diseases of the alimentary canal and digestive organs, such as cholera infantum, tabes mesenterica, subacute gastritis, diarrhea and dysentery, it will often prove very efficacious. In most of these diseases I have found cases that I could cure with this salt when everything else had failed. I have been called not unfrequently in the last three years to see cases of cholera infantum that had been ‘given over’ by other physicians, where the little sufferers were almost *in articulo mortis*, where there was intense irritation of the gastro-intestinal membrane, with almost constant and often copious discharges, distressing nausea and vomitings, intense thirst, with uncontrollable desire for cold water, which would be almost immediately ejected, great emaciation and prostration, peaked, cadaverous countenance, with a purple, livid hue of the skin, and all of the accessory symptoms indicating the severity of the disease. In these cases, where the children were the offspring of scrofulous parents, especially where there had been previous mistreatment, I have *so far been able* to save every patient with the iodide of arsenic. And to me it is, under these circumstances, invaluable. No other remedy we possess with which I am acquainted, would be an efficient substitute.”

The iodide should be triturated and carried up to the third or fourth decimal and about one grain given at a dose, to be repeated every two or three hours.

The diet of cholera infantum patients is an all-important consideration. It is a physiological fact that the digestive possibilities of infants are unequal to the task of appropriating starch. As well would it be to burden the alimentary canal of an adult during an attack of dysentery with unripe fruit or buck-shot, as to allow undigested starchy food in these cases. Proteids unless well predigested are also objectionable, the casein of milk, forming a hard and irritating curd, tending to provoke additional irritation

unless it be mixed with some material which will assist in its disintegration.

The pre-digested aliment contained in Horlick's or Mellin's food, or in Reed & Carnrick's (the latter is spoken of in the highest terms by Dr. J. Fearn), not only answers this purpose well, but alone furnishes the most desirable form of nourishment in these cases. We have saved life in a number of instances by the use of such foods, when remedies failed to produce any impression without them.

The sodium sulphate, 3x, as recommended above, exerts a wonderful power in controlling certain forms of intestinal irritation. It is liable to fail in the hands of the best prescriber, but if administered as advised by Schussler, it often affords striking results. We have known a long-standing case of chronic diarrhea in the adult to cease within two days after beginning its use, after a number of physicians had signally failed to benefit it in the least, and we have seen as striking results follow in cholera infantum.

It is to be hoped that all our readers realize the disastrous effects liable to be produced by the administration of opiates in this affection. A child is quite likely to sooner or later die in convulsions if quieted by laudanum, paregoric, or other preparation of opium, during a protracted siege of summer complaint. The brain of a child is peculiarly susceptible to such an influence. We prefer that a child should be very restless for a time while we are selecting the appropriate curative remedy, than be stupid and quiet on a drug that will finally kill it. It may be trying to the parents and nurse, but if the facts be intelligently explained, it will be much more satisfactory to all concerned in the case. Enemata containing laudanum are as objectionable as the administration of the drug by mouth.

Fatty inunction is always permissible in such cases, and is demanded if emaciation becomes manifest. In malarial districts the unguent should contain a reasonable proportion of quinine, as a safeguard against the possible complication of paludal infection.

A Word to the Wise.—We desire to call the attention of the eclectic physicians of this coast to a very important matter. We have only one competent oculist on the coast. That is, only one oculist of our school who is giving exclusive attention to diseases of the eye, ear, and throat, and he is amply qualified to undertake any case of the kind that may arise.

Dr. Cornwall has devoted the last ten years of his professional life to this specialty, and before beginning, he placed himself, for a year, after spending many months under other instructors, under the personal supervision of Professor Knapp, of New York, one of the leading ophthalmologists of the world. In his practice in San Francisco for the last six years, he has proven himself eminently qualified to lead all competitors in his line.

Now what we wish to impress is this: If there is any loyalty and fealty in the matter of school here, let our practitioners lend their influence toward sending their stubborn eye, ear, and throat cases to Professor Cornwall, instead, as some have done, of sending them to representatives of a school which would prevent them from practicing another hour if possible. All can rest assured that they will never suffer discredit by sending patients who need the services of an oculist, to Professor Cornwall, and they can manifest in this matter a disposition to aid a man who has made as many sacrifices as anyone living for our school on this coast.

Address, F. Cornwall, M. D., 120 Post Street, San Francisco. The Doctor will promptly answer all inquiries made by mail as to cases needing treatment, and will visit any part of the country to operate or to consult. He will change the location of his office within a few weeks, but when this change is made we will make the announcement in the JOURNAL.

Precocious Womanhood.—The last number of *Leonard's Illustrated Medical Journal* contains the particulars of a case in which a Michigan girl, twelve years and two months of age, gave birth to a seven months' child a short time since.

This, certainly, is an illustration of remarkable precocity, but Oakland can furnish a still more remarkable case, in that of a

girl scarcely past seven years of age who menstruates regularly, and in whom, without question, conception might take place under the requisite circumstances.

Such cases are to be deplored, for they do not promise well-developed womanhood, nor vigorous and prolonged life.

MISCELLANEOUS PARAGRAPHS.

THE VILLAGE DOCTOR.—A doctor, in America, is very apt to have been a traveler; and, being an American, to have seen a great deal that the ordinary traveler misses. His knowledge of the inside of his fellow-creatures seems to assist him in observing facts connected with their external environment; he is comparatively free from prejudices, and his opinions upon things in general are dictated by solid common sense. His professional training tends to sharpen his insight into human nature, and, if his own nature be sociable and humane, he forms many agreeable acquaintances in all parts of the world. In the seclusion of his rural study, shadowed by the elm tree on the lawn, and rendered fragrant by the lilac bush under the window, he cons over the latest discoveries of science, and meditates wisely and discriminatingly upon politics, literature, and art.—*Village Types*, by Julian Hawthorne, in *American Magazine*.

A LOVING father who, at a summer resort last season, had left behind him four beautiful children, dead of diphtheria, said to me: "That hotel proprietor was as much a murderer as if he had shot my little ones." Yes, dear sir, but you, the guardian, ought to have been armed and equipped against such foes. An hour's intelligent examination of water supply and drainage at a proposed country home would in a large majority of cases prevent the risk of such catastrophe, and might be made before a landlord could object. Take in the dressing-bag an ounce vial of saturated solution of permanganate of potash, which any druggist will prepare for a few cents, and put half a dozen drops into a tumbler of the drinking water that is supplied. If it turns brown in an hour, it is, broadly speaking, unfit to drink; if not, it

is not especially harmful. If a country hotel's sewage system is confined to cess-pools within a hundred feet of the house, and near the water supply, take the next train to a point farther on. These matters should force themselves on one's personal attention, quite as much as the undertaker's bills that occasionally follow their neglect.— *Suggestions for August, in American Magazine.*

NOTES.

A KANSAS CITY medical journal reports a death in that place from anti-pyrine.

FROM reading the reference to prominent men of the diamond field in the *Medical Age* we are impressed with the belief that Editor Mulheron is something of a sport himself.

By a recent decision of the Supreme Court at Washington, self-killing by a lunatic is to be regarded by law as accidental death, and therefore a policy of life insurance is not vitiated, as the party does not commit suicide.

DR. JAMES MURRAY reports in the London *Lancet* six cases of the successful use of pilocarpine in puerperal convulsions. He injects one-third of a grain hypodermically. All of his cases recovered. It was sometimes necessary to repeat the dose in six hours.

DR. MORSE (*Medical Register*) has been quite successful in removing fatty tumors by injecting into them Jensen's pepsin diluted with three times its weight of distilled water. Five injections were sufficient for the digestion and removal of a fatty tumor. Many other physicians have reported similar results.— *N. Y. Medical Times.*

DR. R. W. MUSGRAVE writes that he lost almost everything in the destructive fire which occurred at Hanford, July 12. Library, diplomas, accounts and other personal effects were swept away. The doctor has our sincere sympathy. Anyone having the last five volumes of the JOURNAL to dispose of should communicate with us, as he desires to replace the lost ones.

BOOK NOTICES.

IN THE HEART OF THE SIERRAS.

This is the title of a work by J. M. Hutchings, describing the discovery, exploration, occupation by the white man, and scenic grandeur of the Yo Semite Valley; also a description of the various routes from San Francisco to this famous resort, including visits to numerous points of interest along the lines, as the groups of Big Trees, caves, and other points of attraction.

The subjects treated of in this work are very interesting, and Mr. Hutchings' intimate knowledge of the history of the Yo Semite since its first discovery, the fact that he was one of the first to visit it after the extinction of the Indians, whose home and fortress it was so long, and that he soon after made his home there, and has resided there since, thus becoming thoroughly familiarized with all the surroundings, befitted him for the task he has accomplished so well. The work is one of historical and scientific value, as well as being a record of some very trying and thrilling experiences, which tend to render it fascinating from beginning to end.

The weak point about the work is the indiscriminate and inappropriate quotation of poetical selections, several of which preface each chapter. In many instances these are used without any apparent application whatever, seemingly at the idle caprice of the author. This, however, is a very small objection to a work of so much intrinsic value in other respects.

The work is published by the Pacific Press Publishing House of Oakland, Cal., and is a beauty in a mechanical way, being well printed on heavy calendered paper, elegantly illustrated, and bound in such a manner as to render it an ornament to any center-table.

The above house should be addressed for prices and further particulars.

THE PHYSICIAN'S LEISURE LIBRARY. Published by Geo. S. Davis, Detroit, Michigan. Issued monthly at \$2.50 per year.

This library, as issued last year, contains some very meritorious and valuable works. The first volume for the present year is

before us, and in addition to excellence as to topography and material, possesses the novelty of being printed with brown ink. The subject of this number is "The Treatment of Hemorrhoids," by Chas. B. Kelsey—an important subject treated by a competent specialist. To those of our readers who do not feel able to subscribe for more expensive works, this library can especially be recommended, as calculated to supply valuable information on the later methods in many important branches of medicine during the year.

ORIFICIAL SURGERY AND ITS APPLICATION TO THE TREATMENT OF CHRONIC DISEASES. By E. H. Pratt, A. M., M. D., Professor of Surgery in the Chicago Homeopathic Medical College. Published by W. T. Keener, Chicago, Illinois.

This little work contains the exposition of some novel ideas in the pathology of chronic disease. The author believes that many abnormal states depend on irregularity of the circulation, occasioned by irritation of the sympathetic, resulting from disturbances provoking spasm of the muscular structures surrounding the lower outlets of the body. The attention of the profession has been called by this author to the common pathological condition of the rectum, which he designates as "rectal pockets;" and the work contains some very interesting clinical reports of cases treated successfully upon the principles here laid down.

We believe that Professor Pratt has taken the initiatory step in a very important direction, and one that is destined to inaugurate a new era in the treatment of many obstinate, nervous affections. He proposes a text-book with more full exposition of his views in the future, but as it is probable that this little work contains the gist of what will be expounded later, we would recommend it to our readers for thoughtful perusal.

THE VEST-POCKET ANATOMIST (*founded upon Gray*). By C. Henri Leonard, A. M., M. D., Professor of the Medical and Surgical Diseases of Women in the Detroit College of Medicine. Thirteenth Revised Edition, Enlarged by Sections on Anatomical Triangles and Spaces, Herniæ, Gynæcological Anatomy and **DISSECTION HINTS**. Detroit: *The Illustrated Medical Journal Co.*, 1887, cloth, 86 illustrations, 154 pages; post-paid, 75 cents.

This little volume in its former editions is so well-known that it is only necessary to confine our notice to this, the *thirteenth*

edition, which contains very clear and accurate topographical plates of the Venous, Arterial, and Nervous Systems, photo-engraved from the English cuts in "Gray's Anatomy." This makes the work especially of value to accompany the surgical case of any practitioner who is doing much work in this line, who may wish at his hand a "regional reminder" of the placement of arteries and veins that he may wish to avoid in making his incisions. For this special purpose this little book, since it has the addition of these eighty-six engravings, is of a good deal of value to the country practitioner, who sometimes does not have the time to return to his office to consult his more pretentious volumes. The "Dissection Hints" show the incisions to be made in post-mortems to advantage.